



THE BREAKWATER LODGE

PORTSWOOD ROAD
VICTORIA & ALFRED WATERFRONT
CAPE TOWN
TELEPHONE (021) 406-1911
FAX (021) 406-1070/1436

CONFIRMATION OF RESERVATION

To : University of Cape Town From : Nosiphiwo Tywabi
Attn : Date : 11 Jan 2005

Group Name : South Atlantic Argo Data Group Code : ATLAN
Arrival Date : 09 May 2005 Confirmation No: 8195
Departure Date: 16 May 2005 No of Nights : 07

INVOICE

(VAT Reg. No 4150127118)

No of Rooms	Room Details	No of Nights	Rate	Total
50	Single en-suite	7	R 536.00	R 187,600.00
			Total Due:	R 187,600.00

The rates quoted above are our NETT rates inclusive of Accommodation, Breakfast and VAT.
Lunch / Dinner is an additional R72.00 per person

**** all delegates to settle Direct**

Bank Details : The Breakwater Lodge/ Protea Hotels
STANDARD BANK
Account Name: UCT Breakwater Lodge
Branch : Rondebosch
Branch Code: 02-50-09
Account No: 072955155
Swift Code: SBZAJJ
Please fax through all copies of Deposit slips to (021)406 1436

- DEPOSITS**

10 % Non-Refundable deposit is required immediately to guarantee the booking.

- CANCELLATIONS**

14 – 01 days prior to arrival: 80 % cancellation fee on total stay
No Show: 100% cancellation fee on total stay



CREDIT CARD AUTHORISATION

I hereby authorise The Breakwater Lodge to debit the following credit card for accommodation charges and any other costs incurred.

Credit Card Holder:

Please tick the appropriate box:

PRIVATE CARD

TRAVEL AGENT CARD

Number :

Expiry Date: /20.....

Month / year

Type

:

VISA

MASTER

AMEX

DINERS

(Please tick)

Security Pin

... (last three digits on the back of the card)

I understand that should I cancel or change my reservation in any way I will be liable for the applicable cancellation / amendment fee.

Signature...

Date:

ID / Passport number:

Please complete and sign the above and return to The Breakwater Lodge on fax number:
+ 27 21 406 1436

MANY THANKS

Nosiphiwo Tywabi

Tel: +27 21 406 1061/4/5

Ref: # 8195 Group Ref / Individual Reservation NO: #

Total:



If accommodation is required, please complete this form and return it to Reserve@bwl.co.za

Or fax a signed copy with your credit card details to +27 (0) 21 406 1436 / 1070.

Arrival Date :

Departure Date :

Room Type :

No of People :

Room Rate :

Name :

Title:

Address :

E-mail :

Tel No :

Fax No :

Cell No :

Special Requests: SAAD conference ref # 8195

To guarantee your booking, please supply your credit card details. "No Shows" will be debited with the cost of one night's accommodation. All Non-Guaranteed bookings will be cancelled at 16h00 on the day of Arrival.

Credit Card No:

Expiry Date :

Back of Card :

Signature : _____

operated by



PROTEA HOTELS